



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|---|-------|---|--|
| 1. Entity ID No. <u>000509214</u> | | 2. Exact name of the limited liability company <u>Maria's Boutique LLC</u> | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Clothing and Jewelry Sale</u> | |
| 5. Principal office address <u>757 Broad St</u> | | City <u>Central Falls</u> | State <u>RI</u> Zip <u>02863</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name <u>Maria A Sicaio</u> | | Contact Title | |
| Street Address <u>1393 Mendon Rod</u> | | City <u>Cumberland</u> | State <u>RI</u> Zip <u>02864</u> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (“X” BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City State Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | |

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CORPORATIONS DIV
2016 JAN 29 PM 12:26

FILED

JAN 29 2016

By 266483

A.A. 12:30p.m.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Maria Sicaio 4-23-14
Signature of Authorized Person Date

MARIA Sicaio
Print or Type Name of Authorized Person

| |
|---------------------------------|
| File Date |
| Check No |
| By |
| FOR SECRETARY OF STATE USE ONLY |